

Pelvic Physical Therapy Distance Journal Club

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Physical therapy intervention for peyronie disease as a missing link for female dyspareunia: a case report. Stone J. JWHPT 2020;44(1):26-31. Doi:10.1097/JWH.000000000000159.

Introduction

- A case report of the care of a male with Peyronie's Disease (PD) that was causing pain in the AFAB partner during insertion.
- 9 percent of AMAB individuals worldwide have PD.
- This disease results in formation of plaques or scar tissue of the corpus cavernosum which can cause penile malformations when erect.

Primary Aim

- The presentation of a male client with chief complaint of causing pain in their female partner during insertion has not been reported in medical literature
- There are many studies that discuss modalities for AFAB individuals experiencing painful insertion but there is not a consideration in literature of attention to their partners anatomy

Study Design/ Study Format:

- Case Report

Methods

- **Examination**
 - Examination of a postpartum AFAB partner in mid 30s with dyspareunia provoked by insertion. Her medical Hx was described in great detail within the article. She reported that sex was never comfortable particularly on one side.
 - This patient was treated for hypertonicity of the pelvic floor and abdominals with reverse kegels, diaphragmatic breathing, visceral mobility and exercises
 - Several months later her partner was examined by the physical therapist and his medical history is listed in great detail
 - He had been evaluated by a Urologist for a doppler ultrasound scan and had had this condition his entire life
 - Size of the plaque was .5mm
 - The urologist recommended a series of injections and surgery, the client asked for pelvic floor therapy first.
 - The client declined any internal assessment because of his religious belief that a female other than his wife should not touch his genitals
 - The author later mentions that it was helpful to explain that a sexual arousal response would be unlikely during treatment
 - There is note of referral to therapy for a biopsychosocial approach that did not come to fruition

- **Treatment**
 - 14 times over 16 weeks (see table 3 for details and TUS parameters)
 - Soft tissue mobilization
 - Abdominal soft tissue mobilization
 - Penile suspensory ligament mobilization
 - Spermatic cord mobilization
 - Hip joint mobilization bilaterally
 - Ultrasound - initiated after 7 weeks due to discomfort of the client for genital intervention - Once a week 7x
 - The client did not report improvement prior to the use of ultrasound
 - 1.2 W/cm² , 3 MHz, 100% duty cycle, 10 min of treatment
 - Home program including
 - Penile traction stretching
 - Bilateral Hip stretching
- **Objective Measures Used** (see table 2)
 - Numeric Pain Scale (NPS)
 - NIH Score
 - Palpation
 - HIP AROM
 - Muscle Testing
 - Functional Movement Assessment

Results

- The couple reported significant improvement in the ability for the penis to move, reduction of penile curve, and improved pain-free intercourse
- Palpable plaque was no longer there and other orthopedic findings were improved.
- The repeated penile duplex doppler ultrasound scan (gold standard for PD) showed no evidence of plaque consistent with PD.
- Improvements were also noted in the NPS, NIH, palpation, hip IR, PF contraction endurance, functional movement with neutral hip positioning.

Discussion

- This case in particular described someone with mild Peyronie's Disease that did not cause him pain but did cause his partner pain.
- It is interesting in this study that there was a request for further studies with parameters on the use of Ultrasound for Peyronie's Disease

Clinical Applications

- If a client presents with insertion dyspareunia it may be beneficial to consider if their partner has Peyronie's disease.
- This case report demonstrates the use of ultrasound once a week for 7 weeks which may be more clinically applicable.

Questions

- This article fascinates me in pointing out the importance of considering the partner when treating dyspareunia. Do you encourage the inclusion or consideration of a partner when treating clients with dyspareunia?
- The author described the male client as uncomfortable with her providing intervention to the genital area due to religiosity. Is there anything that you would have added in the treatment plan for this client to aid in comfort?